

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>215537695</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Standex International Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2015</b></p> <p>SCC ID NO: <b>F1610007</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>60,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	60,000,000	
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COMMON	60,000,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11 KEEWAYDIN DRIVE SUITE 300</p> <p style="text-align: center;">CITY/ST/ZIP: SALEM, NH 03079</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS DEBYLE  TITLE: VP/CFO  ADDRESS: 11 KEEWAYDIN DRIVE  CITY/ST/ZIP/CO: SALEM, NH 03079 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THOMAS DEBYLE TITLE: VP/CFO ADDRESS: 11 KEEWAYDIN DRIVE CITY/ST/ZIP/CO: SALEM, NH 03079	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY S. EDWARDS DIRECTOR 11 KEEWAYDIN DRIVE, SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM FENOGLIO DIRECTOR 11 KEEWAYDIN DRIVE SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD F. FICKENSCHER DIRECTOR 11 KEEWAYDIN DRIVE SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER L FIX DIRECTOR 11 KEEWAYDIN DRIVE, SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J HANSEN DIRECTOR 11 KEEWAYDIN DRIVE SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL B. HOGAN DIRECTOR 11 KEEWAYDIN DRIVE SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. NICHOLAS MULLER, III DIRECTOR 11 KEEWAYDIN DRIVE SUITE 300 SALEM, NH 03079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS DEBYLE		THOMAS DEBYLE, VP/CFO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			